

## APPENDIX 11

### LIABILITY RELEASE AND ASSUMPTION OF RISK

In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with any dive(s) for any harm, injury, damage or death that may befall me, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Hawaii Pacific University, and any of its employees, agents, or board members from any demand, claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, heirs, executors, representatives, administrators and assigns, arising out of my participation in this activity.

I am fully aware of the inherent risks involved in SCUBA diving and ocean immersion, and I choose to voluntarily participate in such activities with the understanding that the activities may be hazardous to me and my property.

I also understand that in the process of training and future scientific diving work, my colleagues may also be in the process of training and agree not to take legal action upon Hawaii Pacific University based on the behaviour and decision making of those others.

I understand that most personal liability insurances do not cover diving related incidents and agree to carry at least the minimum coverage required by Hawaii Pacific University and it's Diving Control Board.

I agree to abide by the policies, procedures, and standards of Hawaii Pacific University's Diving Safety Manual and any recommendations or regulations set forward by the Diving Control Board or it's members. I understand that familiarization with this manual is essential to my safe participation in these activities, with full understanding that accidents do happen and once again agree not to hold Hawaii Pacific University or any of it's agents liable.

I further declare that I am of lawful age and legally competent to sign this liability release. I hereby affirm that I have read this liability release and that I fully understand its contents.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If under 18:

Parent's printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_